

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: IMPROVED BATH AND APPARATUS
THEREFOR
Attorney Docket Number:: 2527-1010
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 17
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

100 **Applicant Information**

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: EGIDIO
Middle Name::
Family Name:: RENNA
Name Suffix:: EGIDIO
City of Residence::
State or Province of MILANO
Residence::
Country of Residence:: ITALY **ITX**
Street of Mailing VIA CIMAROSA, 9A
Address::
City of Mailing Address::
State or Province of Mailing Address:: MILANO
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20144

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/03560	4/6/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	MI2002A000719	4/5/02	Yes
ITALY	MI2002A002093	10/3/02	Yes
ITALY	MI2002A002094	10/03/02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing
Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::